

## APPLICATION DATA SHEET

### Application Information

Application Number::	09/545,288
Filing Date::	April 7, 2000
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	METHOD FOR MAKING SMART CARDS CAPABLE OF OPERATING WITH AND WITHOUT CONTACT
Attorney Docket Number::	1032326-000057
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: YES

Petition Type:: PETITION UNDER 37 C.F.R. §1.78(a)(3) TO  
ACCEPT UNINTENTIONALLY DELAYED CLAIM  
UNDER 35 U.S.C. §120

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: Stephane

Middle Name::

Family Name:: AYALA

Name Suffix::

City of Residence:: Marseille

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 4, impasse de la Barneire

City of Mailing Address:: Marseille

State or Province of Mailing  
Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing  
Address:: F13010

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: Gerard

Middle Name::

Family Name:: Bourneix

Name Suffix::

City of Residence:: Greasque

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: Residence Les Grandsedes

City of Mailing Address:: Greasque

State or Province of Mailing  
Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing  
Address:: F13850

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: Christine

Middle Name::

Family Name:: Beausoleil

Name Suffix::

City of Residence:: Marseille

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 3, impasse de la Fauvette

City of Mailing Address:: Marseille

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F13012

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: MARTIN

Name Suffix::

City of Residence:: La Ciotat

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: Batiment Jamaïque, Entree C Bai des Anges

City of Mailing Address::	La Ciotat
State or Province of Mailing Address::	
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F13600
Applicant Authority Type::	Inventor
Primary Citizenship Country::	FRANCE
Status::	Full Capacity
Given Name::	Laurent
Middle Name::	
Family Name::	ODDOU
Name Suffix::	
City of Residence::	La Ciotat
State or Province of Residence::	
Country of Residence::	FRANCE
Street of Mailing Address::	26, Residence Les Restanques
City of Mailing Address::	La Ciotat
State or Province of Mailing Address::	
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F13600
Applicant Authority Type::	Inventor
Primary Citizenship Country::	FRANCE
Status::	Full Capacity

Given Name::	Philippe
Middle Name::	
Family Name::	PATRICE
Name Suffix::	
City of Residence::	Allauch
State or Province of Residence::	
Country of Residence::	FRANCE
Street of Mailing Address::	Batiment D Residence les 2 Moulins, Ave Jean Roques
City of Mailing Address::	Allauch
State or Province of Mailing Address::	
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F13190
Applicant Authority Type::	Inventor
Primary Citizenship Country::	FRANCE
Status::	Full Capacity
Given Name::	Michael
Middle Name::	
Family Name::	ZAFRANY
Name Suffix::	
City of Residence::	Marseille
State or Province of Residence::	

Country of Residence::	FRANCE
Street of Mailing Address::	A Avenue de Corinthe
City of Mailing Address::	Marseille
State or Province of Mailing Address::	
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F12600

## Correspondence Information

Correspondence Customer Number:: **21839**

Phone Number:: 703 836 6620

Fax Number: 703 836 2021

## Representative Information

Representative Customer Number:: **21839**

This Application	Continuation of	PCT/FR98/02147	10/08/98
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## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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France

97/12530

10/08/97

Yes

### **Assignee Information**

Assignee Name::	GEMALTO, S.A.
Street of Mailing Address::	6 Rue de la Verrerie
City of Mailing Address::	Meudon
State or Province of Mailing Address::	
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F92190